

The State of Women Veterans' Health Research: Results of a Systematic Literature Review
Evidence Tables

Table 3a. Evidence Table of Health Services Research: <i>Quality of Care</i>						
Author	Women Veteran Specific?	Sample characteristics	Sample size [N]	Design	Main measures	Description
Bean-Mayberry, 2003 (97)	Yes	Random sample of women veterans from 10 sites, stratified by site and enrollment in a women's clinic or a traditional primary care clinic	971 women veterans	All Other Observational	Satisfaction ratings; health care use; demographics and health	Evaluated satisfaction in women veterans using women's health clinics versus traditional primary care and found that receipt of care in women's clinics was a positive predictor for all satisfaction domains. Women using women's clinics were more likely to report excellent overall satisfaction.
Goldzweig, 2004 (98)	Yes	144 VA Medical Centers, 1997	144 VAMCs	Observ. Study- Assess risk or prognosis	Breast and cervical cancer screening rates; primary care delivery characteristics; facility quality orientation	Evaluated organizational predictors of higher breast and cervical cancer screening rates for 1996. Found that greater primary care-specialist coordination, greater organizational commitment to quality and anticipated reward and recognition for better performance resulted in higher screening rates.

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Hoff, 1998 (99)	Yes	Subsample of veterans with a primary psychiatric or substance abuse diagnosis from the VA National Customer Feedback Center Survey, 1994	270 women and 4793 men	All Other observational	Questions regarding recent hospitalization related to coordination, sharing of information, accessibility, courtesy, emotional support, preferences, quality of family involvement, physical comfort, transition, overall quality; satisfaction with mental health care; length of stay; readmission; days to outpatient visit	Evaluated differences in perceptions of quality of care between men and women. Women were less satisfied with men about timeliness of appointments, staff courtesy and help with transition from inpatient to outpatient. Women were less satisfied with the practical orientation of their mental health program but more satisfied with the relationship with their primary mental health clinician. In terms of objective measures, there were no differences between men and women in length of stay or readmission rates. Women had higher numbers of outpatient visits in the 6 months after discharge and earlier visits after discharge.
Hynes, 1998 (100)	Yes	National sample of women veterans discharged from 1971-1994	297	Observ. Study- Assess risk or prognosis	Lifetime mammography rates and last mammogram; advice from health care professionals regarding mammography; VA health care utilization	Evaluated mammography use patterns of women veterans and identified predictors of mammography use. Women veterans told to have a mammogram were >5 times more likely to have ever had one and twice as likely to have had one in the past 2 years. Regular VA users were more likely to have mammograms.

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Kressin, 1999 (101)	Yes	National cross-sectional samples of women and men veterans from the Women's Health Project and the Veterans Health Study	719 women; 600 men	All Other Observational	Satisfaction as measured by location of health facility, access to health care and prescription services; sociodemographic factors; military experience; health characteristics	Compared patient satisfaction for female and male veterans. Found that after adjusting for age and recent physician visit, women were less satisfied with location but more satisfied with prescription services. Older veterans were more satisfied than younger.
Rabiner, 1998 (102)	No	Veteran men and women using primary care at 6 VA facilities	300 men; 150 women	Observ. Study- Assess risk or prognosis	Health promotion/disease prevention service receipt; percent use of VA for health care	Surveyed primary care users to determine their receipt of prevention services and their use of the VA for care. Patients receiving 90% or more of their care at the VA obtained more preventive services than those using non-VA providers for 90% or more of their care.
Turpin, 1992 (103)	Yes	All women veteran inpatients discharged from a large VA hospital between 11/1/88 and 4/30/89; 1% sample of male veteran inpatients discharged over the same time period	66 female veterans; 48 male veterans	All Other Observational	Demographic variables; quality of documentation for history and physical and female-specific items; telephone interview regarding care at the VA hospital	Evaluated differences in quality of care for hospitalized male and female veterans. General patient history was more often present on a male veteran's chart. Chest exam was twice as likely to be documented for a male as a female. Breast exams were documented on 34% of female and 6% of male charts. Gender-specific exams were poorly documented for both sexes. There were no differences in reasons for using the VA by gender, utilization rates or health problems.

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Rothman, 1984 (104)	Yes	All female veterans receiving psychiatric inpatient and outpatient care during April 1978 at one VA Medical Center	122 women veterans	All Other Observational	Demographic variables; experiences with the hospital; safety; medical care; trauma experiences; satisfaction	Evaluated the satisfaction of female veterans with their health and mental care services and identified unmet needs. 73% indicated that they were somewhat or very satisfied with the care received. However, veterans identified various unmet needs in the areas of privacy, gender-specific medical care and the hospital environment.